



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C041520

OFFICE USE ONLY

[Signature]

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|---|--|---|--|--|--|
| STATEMENT DATE <u>9/1/06</u> | | TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED | | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>4-8</u> | |
| 3. FULL NAME OF COMMITTEE <u>12th Legislative District Republican Comm. Ptee</u> | | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: <u>PO Box 1742</u> CITY / STATE / ZIP: <u>St. Charles, MO 63302</u> | | | | 5. TELEPHONE NUMBER <u>636-699-5267</u> | |
| 6. TREASURER'S NAME <u>Bradley Harmon</u> | | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: <u>PO Box 1742</u> CITY / STATE / ZIP: <u>St. Charles, MO 63302</u> | | | | 8. TELEPHONE NUMBER HOME: <u>(636) 699-5267</u> WORK: | |
| 9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | | | | |
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: | | | | 11. TELEPHONE NUMBER HOME: WORK: | |
| 12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE | | | | 13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| 14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. | | | | | |
| <h1>AMENDMENT</h1> | | | | | |
| 15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE | | | | | |
| 16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY | | | | | |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS | | | | | |
| 18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION | | | | CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/> | |
| 19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION | | | | CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/> | |
| 20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Bradley Harmon</u> TREASURER'S SIGNATURE | | | 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE | | |

MISSOURI ETHICS COMMISSION
SEP 12 2006
HAND DELIVERED